MULTIPLE ⬤ DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	⬤	FILING DATE
APPLICANT(S)		10/557435

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54						
5		/					55		/				
6		/					56						
7		/					57		/				
8		/					58						
9		/					59		/				
10	/						60		/				
11		/					61	/					
12		/					62		/				
13							63		/				
14							64		/				
15							65		/				
16		/					66		/				
17							67		/				
18							68		/				
19	/						69		/				
20		/					70		/				
21		/					71		/				
22							72		/				
23		/					73		/				
24		/					74		/				
25	/						75		/				
26		/					76		/				
27		/					77		/				
28		/					78		/				
29		/					79		/				
30		/					80		/				
31		/					81	/					
32		/					82	/					
33		/					83		/				
34		/					84	/					
35	/						85		/				
36		/					86		/				
37	/						87						
38		/					88						
39	/						89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.		⬇		⬇		⬇	TOTAL IND.	4	⬇		⬇		⬇
TOTAL DEP.		⬅		⬅		⬅	TOTAL DEP.	82	⬅		⬅		⬅
TOTAL CLAIMS							TOTAL CLAIMS	86					